

ETS MENTOR APPLICATION

Mentoring is a special partnership between two people based on a commitment to the Mentoring process, common goals/expectations of the partnership, mutual trust and respect. Mentoring is both a “Get and Give” experience with the goal of providing a rewarding experience for both partners. By sharing the information below, the program manager can match you in the most appropriate mentorship relationship.

Commitment: 1 hour weekly or bi-weekly (email, phone, text, or skype)

Why do you want to be a mentor?

What knowledge, skills, or experiences do you bring to mentoring?

Please complete:

Name: Last _____ First _____

Address: _____ City _____

State: _____ Zip _____ County _____

Phone: _____ (text? Y/N) Email: _____

Employer/Occupation or College Affiliation: _____

Alumni Education (degree/school): _____

Availability (days/evenings): _____

Comfortable with technology such as texting/skype: Yes _____ No _____

Emergency Contact (Name/Phone): _____

Agree to Criminal Background Check: yes _____ no _____

Please return completed form to Angeline Abraham, Assistant Director
angeline@eocinc.org or 107 Gateway Shopping Center, Edwardsville, PA 18740